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Expiration Date: 01/31/2004

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION

TRAINING GRANT APPLICATION
(New, Competing Continuation, and Supplemental)

LEAVE BLANK

TYPE	ACTIVITY	NUMBER

REVIEW GROUP	FORMERLY

COUNCIL BOARD *(Month, year)*	DATE RECEIVED

1. TITLE OF TRAINING PROPOSAL ***(Do not exceed 56 typewriter spaces)***

2. PROGRAM ANNOUNCEMENT NAME AND NUMBER

3. DISCIPLINE SPECIALTY OR FIELD OF TRAINING

4. PROGRAM DIRECTOR

4a. NAME ***(Last, first, middle)***

4b. HIGHEST DEGREE

4c. SSN

4d. POSITION TITLE

4e. MAILING ADDRESS ***(Street, city, zip code)***

4f. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT

4g. MAJOR SUBDIVISION

5. DATES OF ENTIRE PROPOSED PROJECT PERIOD

From: **Through:**

4h. TELEPHONE NUMBER:

FAX:

EMAIL:

6. HUMAN SUBJECTS AND VERTEBRATE ANIMALS

Do you plan to conduct or support research activities during the project period under the ERC Pilot Project Research Training Program? ☐ Yes ☐ No

7. OFFICIAL IN BUSINESS OFFICE TO BE NOTIFIED IF AN AWARD IS MADE ***(Name, address and telephone number.)***

8. APPLICANT ORGANIZATION ***(Name and address)***

9. ENTITY IDENTIFICATION NUMBER

10. TYPE OF ORGANIZATION

☐ Public, Specify ☐ Federal ☐ State ☐ Local

☐ Private Nonprofit

11. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ***(Name, address and telephone number.)***

12. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. (U.S. Code, Title 18, Section 1001).

SIGNATURE OF PERSON NAMED IN 4a ***(In ink. "Per" signature not acceptable)***

DATE

13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the Public Health Service terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties(U.S. Code, Title 18, Section 1001).

SIGNATURE OF PERSON NAMED IN 11 ***(In ink. "Per" signature not acceptable)***

DATE

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Program Director _____

SUMMARY OF TRAINING PROPOSAL

BRIEFLY DESCRIBE THE TRAINING PROGRAM USING THE FOLLOWING HEADINGS *(Do not exceed this page.)*

A. Purpose and Program Characteristics
B. Trainees
C. Training Facilities

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Program Director

DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD

FROM **THROUGH**

A. TRAINING RELATED EXPENSES — **DOLLAR AMOUNT REQUESTED** *(Omit cents)*

1. PERSONNEL (Do not list trainees) NAME	POSITION TITLE	EFFORT: TOTAL FTE	EFFORT: REQUESTED FTE	SALARY	FRINGE BENEFITS	TOTALS
						$0
						$0
						$0
						$0
						$0
						$0
						$0
SUBTOTALS ---->		0.0	0.0	$0	$0	$0

2. CONSULTANT COSTS *(Itemize)*

3. EQUIPMENT *(Itemize)*

4. SUPPLIES *(Itemize by category)*

5. STAFF TRAVEL *(Itemize)*

6. OTHER EXPENSES *(Itemize by category)*

7. CONSORTIUM/CONTRACTUAL COSTS *(Itemize)*

SUBTOTAL (Section A) ---------> $0

B. TRAINEE EXPENSES

1. TRAINEE COSTS

PREDOCTORAL STIPENDS *(Itemize)* — **No. Requested:**

POSTDOCTORAL STIPENDS *(Itemize)* — **No. Requested:**

OTHER STIPENDS *(Itemize)* — **No. Requested:**

TOTAL STIPENDS ---------> $0

TUITION AND FEES *(Itemize)*

TOTAL TRAINEE COSTS ---------> $0

2. TRAINEE TRAVEL *(Describe)*

SUBTOTAL *(Section B)* ---------> $0

C. TOTAL DIRECT COST *(Add subtotals of Sections A and B)* ---------> $0

D. INDIRECT COST --------->

E. TOTAL COST $0

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Program Director

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS	1ST BUDGET PERIOD (from page 3)	ADDITIONAL YEARS OF SUPPORT REQUESTED			
		2nd	3rd	4th	5th
A. TRAINING RELATED EXPENSES					
1. PERSONNEL *(Salaries and fringe benefits)*	$0				
2. CONSULTANTS COSTS	$0				
3. EQUIPMENT	$0				
4. SUPPLIES	$0				
5. STAFF TRAVEL	$0				
6. OTHER EXPENSES	$0				
7. CONSORTIUM / CONTRACTUAL COSTS	$0				
SUBTOTAL *(Section A)*	$0	$0	$0	$0	$0
B. TRAINEE EXPENSES					
1. TRAINEE COSTS (See page 3) — Predoctoral Stipends	No. / $0	No. / $	No. / $	No. / $	No. / $
Postdoctoral Stipends	$0				
Other Stipends	$0				
Tuition and Fees	$0				
TOTAL TRAINEE COSTS	$0	$0	$0	$0	$0
2. TRAINEE TRAVEL					
SUBTOTAL *(Section B)*	$0	$0	$0	$0	$0
C. TOTAL DIRECT COST *(Add subtotals of Sections A and B)*	$0	$0	$0	$0	$0
D. TOTAL FOR ENTIRE PROPOSED PROJECT PERIOD ---------->					$0

BUDGET JUSTIFICATION: For all years, explain the basis for the budget categories requested. ***(See instructions.)***

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BIOGRAPHICAL SKETCH

Give the following information for all personnel contributing to the training program, beginning with the Program Director. Photocopy this page for each person. Do not exceed two pages on any individual.

NAME	TITLE	BIRTHDATE *(Mo. Day, Yr.)*

EDUCATION ***(Begin with baccalaureate or other initial professional education and include postdoctoral training)***

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

RESEARCH AND TRAINING SUPPORT ***(See instructions)***

RESEARCH AND/OR PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

PROGRAM DIRECTOR (Last, first, middle)	SOCIAL SECURITY NUMBER

PROGRAM DIRECTOR (Last, first, middle)	SOCIAL SECURITY NUMBER

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Program Director _____

CHECKLIST

This is the required last page of the application
(Check the appropriate boxes and provide the information requested)

TYPE OF APPLICATION

☐ **NEW application** ***(This application is being submitted to the CDC for the first time.)***

☐ **COMPETING CONTINUATION of grant number:** _____
(This application is to extend a funded grant beyond its current project period.)

☐ **SUPPLEMENT to grant number:** _____
(This application is for additional funds to supplement a currently funded grant.)

☐ **REVISION of application number:** _____
(This application replaces a prior unfunded version of a new competing continuation or supplemental application.)

☐ **CHANGE of Program Director.**
Name of former Program Director: _____

☐ **NON-COMPETING CONTINUATION**

1. ASSURANCES / CERTIFICATIONS

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/certifications begin on page 3 of the Instructions. If unable to certify compliance where applicable, provide an explanation and place it after this page. Human Subjects; Vertebrate Animals; Debarment and Suspension; Drug-Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); Lobbying; Delinquent Federal Debt; Research Misconduct; Civil Rights (Form HHS 441 or HHS 690); Handicapped Individuals (Form HHS 641 or HHS 690); Sex Discrimination (Form HHS 639-A or HHS 690); Age Discrimination (Form HHS 680 or HHS 690).

2. PROGRAM INCOME *(See Instructions)*

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

INDIRECT COST REQUESTED *(See instructions)*

☐ **No** ☐ **Yes** **If "Yes," at** _____ **% rate.**

CONTENTS OF PACKAGE *(Check the appropriate boxes to insure that all requested information is included in the package mailed to CDC.)*

	Page No.	
☐	1,2	**Face Page, Summary of Training Proposal**
☐	3	**Detailed Budget for First 12 Month Budget Period**
☐	4	**Budget for Entire Proposed Project Period**
☐	_____	**Detailed Description of Training Program**
☐	_____	**Progress Report** ***(Competing continuation only)***
☐	_____	**Biographical Sketch(es)**
☐	_____	**Checklist**
☐	_____	**Appendices**

***This is the required last page of the application. Number it appropriately.**

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